



## Credit Recovery Registration 2026-2027 Extended Year

### Student Information

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_

Student School Email \_\_\_\_\_

Resident District \_\_\_\_\_ MARSS Number \_\_\_\_\_

Referring District \_\_\_\_\_ Ethnicity \_\_\_\_\_

### Legal Guardian Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Interpreter Needed \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Interpreter Needed \_\_\_\_\_

### Credit Recovery Needs

Student has the following academic credit needs as indicated on attached transcript:

Course Failed \_\_\_\_\_ Quarter (.25) Credits Needed \_\_\_\_\_

Course Failed \_\_\_\_\_ Quarter (.25) Credits Needed \_\_\_\_\_

Course Failed \_\_\_\_\_ Quarter (.25) Credits Needed \_\_\_\_\_

### Student Services

Special Education (include IEP)

504 (include 504 plan)

Participation in the Credit Recovery is optional. A continual learning plan must be developed at least annually for each pupil with the participation of the pupil, parent or guardian, teachers, and other staff; each participant must sign and date the plan as acknowledgement of the voluntary nature and focus of this program.

### Signatures

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

School District Rep Signature \_\_\_\_\_ Date \_\_\_\_\_

Start Date: \_\_\_\_\_

Transcript Received \_\_\_\_\_



WEST CENTRAL EDUCATION DISTRICT  
Collaborating for a Stronger Educational Community

9 Second Street SW

Melrose, MN 56352

320-256-6026 ☎

320-256-6028 📠

www.wced6026.org

Member School Districts:

Albany, Melrose, Paynesville, and Sauk Centre

Program Oversight:

Early Intervention, Beacon, ALC, and SAIL

## Credit Recovery Continual Learning Plan 2026-2027 Extended Year

### Personal and Education Goals:

To earn credits needed for graduation, I understand that I am expected to recover credits for courses that I have previously attempted but did not complete successfully. I know I will have reached this goal when the credits appear on my official transcript.

To be successful in recovering credit, I agree to:

- Attend credit recovery per the calendar
  - In person at the ALC in Melrose
  - Designated location within home district \_\_\_\_\_
  - Off site location \_\_\_\_\_
- Ask for help when I need it
- Utilize time outside of the scheduled time to make forward progress

Teachers can help me be successful by:

- 
- 
- 

My family can help me be successful by:

- 
- 
- 

Things that might get in the way of my being successful:

- 
- 
- 

### Signatures

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

ALC Rep Signature \_\_\_\_\_ Date \_\_\_\_\_

Start Date: \_\_\_\_\_ Transcript Received \_\_\_\_\_